PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM







FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State **DIVISION OF CORPORATIONS**

FILED

00 APR 17 AM 8: 16

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # K26492

1. Corporation Name

PTC Security Systems, Inc.

Principal Office Address 10120 Windhorst Road		3. Mailing Office Address 10120 Windhorst Road Suite, Apt. #, etc. City & State Tampa, FL		4. Date Incorporated or Qualified To Do Business in Florida 5. FEI Number (05-0110169 Not Applicable							
							i.	Country	Zip	Country	\$8.75 Additional Fee required
							33619	USA	33619	USA	CERTIFICATE OF STATUS DESIREDX V. for a Certificate of Status
									7. Name an	d Address of Current Registe	ered Agent
Street	erporation Service (tAddress(P.O.BoxNumberis)1 Hays Street	• •									
Suite	, Apt. #, Etc.										
City		Tallahas	see	State Zip Code 32301							
I, being appointed	d the registered agent of the abo	eve named corporation, a	m familiar with and accept the AN COURTNEY,	obligations of section 607.0505 or 617.0503, F.S. ASST. V.P. Date 4/17/2000							
		REGISTERED AGENT M	UST SIGN								
. Names and Stree	t Addresses of Each Officer and			east 3 directors)							

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
res.	Michael E. Hayes	10120 Windhorst Road n	Tampa, FL 33619
ec.	Bruce W. Renard	10120 Windhorst Road	Tampa, FL 33619
reas.	William K. Breaden	10120 Windhorst Road	Tampa, FL 33619
irect	or Michael E. Hayes	10120 Windhorst Road	Tampa, FL 33619
			\\$
-		2	ф00032119420

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I turther certify that when tilling this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all tees owed by the corporation have been paid and the names of individuals listed on this form do not quality for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:	Burn W. Renard	Secretary	04-13-00	813-628-8000	
	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER	Date	Daytime Phone #		



ACCOUNT NO. : 07210000032

REFERENCE :

664729-

AUTHORIZATION

COST LIMIT : \$ 908.75

ORDER DATE: April 17, 2000

ORDER TIME: 4:27 PM

ORDER NO. : 664729-(015

CUSTOMER NO: 159770A

CUSTOMER: Ms. Mary Kramer-scharlatt

Davel Communications, Inc.

10120 Windhorst Road

Tampa, FL 33619-1297

DOMESTIC FILINGS

NAME: PTC SECURITY SYSTEMS, INC.

XX _ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Tamara Odom

EXAMINER'S INITIALS